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**REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY** AND CHANGE OF CORRESPONDENCE **ADDRESS** 

Application Number	See attached Exhibit A			
Filing Date	See attached Exhibit A			
First Named Inventor	See attached Exhibit A			
Art Unit	See attached Exhibit A			
Examiner Name	See attached Exhibit A			
Attorney Docket Number	See attached Exhibit A			

Thereby revoke all previous powers of attorney gives in the desired in the state of							
I hereby revoke all previous powers of attorney given in the above-identified application.  A Power of Attorney is submitted herewith.  OR  I hereby appoint the practitioners associated with the Customer Number: 57449							
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I am the: Applicant/Inven	tor.						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature		Select	and the second s				
Name	and the second s	Bernard	Seld. 1				
Date	M	on 21851	2st	Telephone			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of	forms are subn	nitted. Submission	includes	_ Statement und	ler 37 CFR 3,73	B(b) form(s)	